

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036896
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8199

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR TOWN

ST. Louis

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. Anthony's Hosp.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3125 Maury Ave.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Harry Reinhold Wolff

4. DATE OF DEATH

Month Day Year
Aug. 21, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec. 4, 1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Steam Engineer

11. BIRTHPLACE (City and state or country)

ST. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Herman Wolff

13b. MOTHER'S MAIDEN NAME

Julia Eckert

14. NAME OF HUSBAND OR WIFE

Louise M. Wolff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Cecelia J. Gray Rtl Box 217 D Arnold, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hemorrhage from rupture of the spleen and from torn left renal vein suffered while a passenger in car

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

operated by one Rosemary Gamache on Highway at Jct., "0" and 50 on August 21, 1962 about 8:30 A.M.

Exact cause and manner of same could not be determined.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

OPEN VERDICT

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N. ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

OPEN VERDICT

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour Month, Day, Year
8:30 a.m. 8-21-6220d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street 68 Union, Missouri

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1255 P

and last saw him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul J. Simon Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

8/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 25, 1962

23c. NAME OF CEMETERY OR CREMATORY

S.S. Peter & Paul

23d. LOCATION (City, town, or county)

ST. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

Will Mortuary

ADDRESS

6409 Gravois

25. DATE RECD. BY LOCAL REG.

8-23-1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 216

3

4 0

5 2

6

7 0

8 1

9 X

10

11 036

12 73-3

13

73

Prayer Cards

Personal Property

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edmond R. Rendus

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.